

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

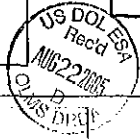
Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U - <u>15078</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Edward C Posey</u> P.O. Box, Bldg., Room No., if any <u>P.O. Box 803</u> Street <u>One A Avenue</u> City <u>Westville</u> State <u>Indiana</u> ZIP Code + 4 <u>46391-0803</u>	4. Name, file number, and address of labor organization. Name <u>IUPAT District Council 91</u> Labor Organization File Number <u>542404</u> P.O. Box, Building and Room Number, if any <u>409</u> Street <u>Millner Industrial Drive</u> City <u>Evansville</u> State <u>Indiana</u> ZIP Code + 4 <u>47710</u>
5. Position in labor organization. <u>District Council 91 Trustee</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Edward C Posey</u>	On <u>8/14/2005</u> Date	<u>2197857302</u> Telephone Number

Name of Person Filing Edward Posey	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Northwest Indiana Painters JATC Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any 8364 Street Minnesota Street City Merrillville State Indiana ZIP Code + 4 46410	11.a. Nature of such dealing. Apprenticeship and Journeyman Upgrade Program for members of IUPAT Northwest Indiana Painters Local 460 affiliated with IUPAT District Council 91 of which I am an appointed trustee to the fund. 11.b. Approximate dollar value of such dealing. _____ 12.a. Nature of interest held or income received. The amount listed below is my share of the expence for lunches provided by and paid for by the Northwest Indiana Painters and Allied Trades Joint Apprenticeship Training Committee of which I am a trustee to the fund. 12.b. Amount. _____ \$39

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Stewart Miller Administrative Procedures Trade Name, if any: Fund Administrator P.O. Box, Bldg., Room No., if any 2111 Street West Lincoln Highway City Merrillville State Indiana ZIP Code + 4 46410	14.a. Nature of payment. Christmas Gift, Can of Popcorn 14.b. Amount of payment. _____ \$30
13.b. Is the Business an Employer _____ or Consultant <input checked="" type="checkbox"/> ?	

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Bank Calumet

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 5231

Street Hohman Avenue

City Hammond

State Indiana

ZIP Code + 4 46320

14.a. Nature of payment.

Christmas Gift - Christmas Wreath approximate value of wreath unknown. I am assuming it is over \$25.00

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$30

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.



International Union of Painters and Allied Trades, AFL-CIO, CLC
District Council 91

8364 Minnesota Street, Merrillville, Indiana 46410
Phone: (219) 947-0420 Fax: (219) 947-0248

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Edward C. Posey, Director of Organizing

INDIANA

PLU # 47 - INDIANAPOLIS
317-546-5638

PLU #80 - LAFAYETTE
765-477-7848

PLU #156 - EVANSVILLE
812-425-4414

PLU #197 - TERRE HAUTE
812-232-1644

PLU #460 - NW INDIANA
219-947-0420

PLU #469 - FORT WAYNE
260-484-7924

PLU #669 - ANDERSON
765-378-5242

PLU #1118 - SOUTH BEND
574-287-8200

GLU #1165 - IN, KY, IL

EVANSVILLE
812-962-0652

FORT WAYNE
260-484-7924

GARY
219-947-0420

INDIANAPOLIS
317-542-7617

SOUTH BEND
574-287-8200

KENTUCKY

PLU # 118 - LOUISVILLE
502-366-2233

PLU # 500 - PADUCAH
270-441-7697

TENNESSEE

PGLU # 456 - NASHVILLE
615-255-7863

August 15, 2005



U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW, Room N-5616
Washington, DC 20210

RE: Form LM-30 (1/1/04 – 12/31/04)

To Whom It May Concern:

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. I am a first-time filer and was unaware of the filing requirements until recently; some items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended Form LM-30.

Sincerely,

Edward C. Posey
Field Representative/Organizer
Painters Local Union 460/District Council 91

CERTIFIED MAIL # 7003 3110 0005 0921 8794



An Affiliate of District Council 91
409 Millner Industrial Drive • Evansville, Indiana 47710
PHONE: 812-962-9191 • FAX: 812-425-4890